2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P98000090381 04-12-2004 90637 044 ***150.00 HI-TÉCH PLASTERING, CORP. Principal Place of Business Mailing Address 19800 N.W. 51ST AVENUE 19800 N.W. 51ST AVENUE MIAMI, FL 33055 MIAMI, FL 33055 3. Mailing Address 2. Principal Place of Business 16218 N.W. 83RD PLACE 16218 N.W. 83RD PLACE Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E034 (10/03) 03302004 Chg-P City & State 4. FEI Number Applied For City & State 65-0871727 Not Applicable MIAMI LAKES. <u>MIAMI LAKES.</u> Country \$8.75 Additional Country 5. Certificate of Status Desired \Box 33016 US Fee Required 33016 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name MORALES, BAUDILIO MORALES, BAUDILIO Street Address (P.O. Box Number is Not Acceptable) 16218 N.W. 83RD PLACE 19800 N.W. 51ST AVENUE MIAMI, FL 33055 MIAMI LAKES. FL 33016 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE -9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 *OFFICERS AND DIRECTORS 10. 11. D MORALES, BAUDILIO ■ Addition TITLE TITLE ☐ Delete MORALES, BAUDILIO NAME NAME 16218 N.W. 83RD PLACE MIAMI LAKES, FL 33016 19800 N.W. 51ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33055 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME ... -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 4-8-04 Dayline Phone

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